

DEMOGRAPHICS AND MEDICAL HISTORY QUESTIONNAIRE

ID No.				-				
Form Type	D	H	0	1				

I. PARTICIPANT IDENTIFICATION

1. PARTICIPANT'S INITIALS: _____

2. DATE OF INTERVIEW:

_____ - _____ - _____ f10_dy
 Month Day Year

A. REFERENCE DATE:
 (COMPLETE PRIOR TO
 INTERVIEW)

_____ - _____ - _____ ref_dy
 Month Day Year

B. REFERENCE PERIOD:
 (COMPLETE PRIOR TO
 INTERVIEW)

(1) _____ - _____ - _____ ref1_dy
 Month Day Year
 to
 (2) _____ - _____ - _____ ref2_dy
 Month Day Year

I would like to thank you for agreeing to participate in this study. I will be asking some questions about your health insurance and your medical history. But first, I'd like to begin by asking a few questions about your background.

II. DEMOGRAPHICS

3. What is your birth date?

_____ - _____ - _____
 Month Day Year

(A)

(B)

(C)

4. Where were you born?

_____ _____ _____
 city state country
 If not US

5. Are you now married, widowed, divorced, separated, or have you never been married?

INTERVIEWER READ LIST

Presently Married	(1)
Living in a marriage-like relationship	(2)
Widowed	(3)
Divorced or Separated	(4)
Never married	(5)

maristat

6. Including yourself, how many people are now living in your home? _____

home_nbp

A. **Check here if Homeless**

(1) **homeless**

7. What grade of schooling have you completed?

INTERVIEWER READ LIST

1-8	(1)
9-12	(2)
High school graduate	(3)
College graduate	(4)
Post graduate	(5)

educatn

III. ACCESS TO HEALTH CARE SERVICES

Now I would like to ask you about your usual source of health care, that is the place you go when you are sick or need medical advice.

8. Currently, what is your main health insurance plan?

INTERVIEWER READ LIST

Private insurance company	(1)
Medicare	(2)
Medicaid	(3)
Other public plan	(4)
None	(5)
Don't know/No answer	(6)

hlt_insr

IF NONE OR DON'T KNOW, GO TO QUESTION 9.

8. (Continued)

- | | Yes | No | Don't Know | |
|--|-------|-------|------------|--------------------------|
| A. Does your insurance plan allow you to pay less money if you visit certain doctors? | (1) | (2) | (3) | hltp1an1 |
| B. Does your insurance plan allow you to pay less money if you visit a specific clinic or health center? | (1) | (2) | (3) | hltp1an2 |
| C. Does your insurance plan limit your ability to receive care from a medical specialist of your choice? | (1) | (2) | (3) | hltp1an3 |

- | | | | |
|---|--------------|-------------|--------------------------|
| 9. Is there one particular clinic, health center, doctor's office, or other place that you <u>usually</u> go to if you are sick or need advice about your health? | Yes
(1) | No
(2) | hltp1ce1 |
|---|--------------|-------------|--------------------------|

- | | | | |
|--|--|---|----------------------------|
| A. IF YES , What type of place is it?
INTERVIEWER READ LIST | Doctor's private office
Hospital emergency room
Hospital out-patient clinic
Non-hospital clinical center
Public health clinic
Don't know
Other | (1)
(2)
(3)
(4)
(5)
(6)
(7) | hltp1type1 |
|--|--|---|----------------------------|

Specify: _____

IF 9A IS ANSWERED, GO TO QUESTION 10.

- | | | | |
|--|--------------|-------------|--------------------------|
| B. IF NO , Is there one particular place where you <u>would</u> go if you were sick or needed advice about your health? | Yes
(1) | No
(2) | hltp1ce2 |
|--|--------------|-------------|--------------------------|

IF NO, GO TO QUESTION 10.

IF YES, ANSWER 9C.

- | | | | |
|--|--|---|----------------------------|
| C. What type of place is it?
INTERVIEWER READ LIST | Doctor's private office
Hospital emergency room
Hospital out-patient clinic
Non-hospital clinical center
Public health clinic
Don't know
Other | (1)
(2)
(3)
(4)
(5)
(6)
(7) | hltp1type2 |
|--|--|---|----------------------------|

Specify: _____

10. Is your regular doctor a general practitioner, internist, family doctor or doctor who treats a variety of illnesses and gives preventive care or is he or she a specialist (a doctor who mainly treats just one type of health problem)?

General practitioner/internist/family doctor/other doctor	(₁)	hlt_phys
Specialist	(₂)	
Don't have a regular doctor	(₃)	
Don't know	(₄)	

11. During the last 12 months, was there any time when you wanted to see a doctor but could not? Yes No
(₁) (₂) wntsedoc

A. IF YES, Why?

INTERVIEWER READ LIST

(1) There was a lack of money or insurance to pay for the care	(₁)	(₂)	hltcare1
(2) It was too far or too expensive to get to care	(₁)	(₂)	hltcare2
(3) You were not able to get an appointment for care	(₁)	(₂)	hltcare3
(4) Some other reason	(₁)	(₂)	hltcare4

Specify: _____

12. During the past 12 months, have you delayed seeking medical care because of worry about the cost? Yes No
(₁) (₂) cost_wry
how_many

A. IF YES, Approximately how many times? _____

13. In the past 12 months have you delayed or had difficulty getting medicine prescribed when you needed it? Yes No
(₁) (₂) med_diff

A. IF YES, Was it because of:

(1) Cost	(₁)	(₂)	reas_md1
(2) Did not feel it was needed/helpful	(₁)	(₂)	reas_md2
(3) Could not get to a drug store or other place to fill the prescription	(₁)	(₂)	reas_md3
(4) Other	(₁)	(₂)	reas_md4

Specify: _____

IV. MEDICAL HISTORY

I am going to read you a list of health problems. For each health problem, please tell me if you have ever had the problem. If you have had the problem, I will ask you to tell me your age when you first got it and whether you still have it.

		<u>A</u>			<u>B</u>		<u>C</u>		
		<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Age?</u>	<u>Still Have It?</u>			
						<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	
14.	Asthma	(1)	hltprb1 (2)	(3)	hp_age1 _____	(1)	hpsh1 (2)	(3)	
15.	Chronic bronchitis	(1)	hltprb2 (2)	(3)	hp_age2 _____	(1)	hpsh2 (2)	(3)	
16.	Emphysema	(1)	hltprb3 (2)	(3)	hp_age3 _____	(1)	hpsh3 (2)	(3)	
17.	Sinus trouble	(1)	hltprb4 (2)	(3)	hp_age4 _____	(1)	hpsh4 (2)	(3)	
18.	Allergies	(1)	hltprb5 (2)	(3)	hp_age5 _____	(1)	hpsh5 (2)	(3)	
19.	Heart disease	(1)	hltprb6 (2)	(3)	hp_age6 _____	(1)	hpsh6 (2)	(3)	
20.	High blood pressure	(1)	hltprb7 (2)	(3)	hp_age7 _____	(1)	hpsh7 (2)	(3)	
21.	Kidney disease	(1)	hltprb8 (2)	(3)	hp_age8 _____	(1)	hpsh8 (2)	(3)	
22.	Liver disease	(1)	hltprb9 (2)	(3)	hp_age9 _____	(1)	hpsh9 (2)	(3)	
23.	Arthritis	(1)	hltprb10 (2)	(3)	hp_age10 _____	(1)	hpsh10 (2)	(3)	
24.	Skin disease	(1)	hltprb11 (2)	(3)	hp_age11 _____	(1)	hpsh11 (2)	(3)	
25.	Cancer	(1)	hltprb12 (2)	(3)	hp_age12 _____	(1)	hpsh12 (2)	(3)	
26.	Lupus	(1)	hltprb13 (2)	(3)	hp_age13 _____	(1)	hpsh13 (2)	(3)	
27.	Diabetes	(1)	hltprb14 (2)	(3)	hp_age14 _____	(1)	hpsh14 (2)	(3)	
28.	Have you had any other health problems I have not asked you about?					Yes (1)	No (2)	othltprb	

IF YES, Please specify all the problems.

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____

29. Were you pregnant between [REFERENCE PERIOD START DATE] and [REFERENCE PERIOD END DATE]? (1) (2) (3) pregnant
Yes No Not
Applicable

30. DATE BLOOD DRAWN: _____ - _____ - _____ bldrw_dy
Month Day Year
Not done (1) bldrw_nd

31. TOTAL VOLUME OF BLOOD DRAWN: _____ cc bldrwvol

32. LABEL SHEET NUMBER: _____

Affix Blood Specimen Sheet Label Here

33. WHERE WAS BLOOD SHIPPED? Yes No
A. DNA Core Laboratory (1) (2) wher_bsa
B. RNA Study (Dr. Finn) (1) (2) wher_bsb
C. L-forms (Dr. Almenoff) (1) (2) wher_bsc

34. PARTICIPANT HAS CONSENTED TO THE FOLLOWING USE OF HIS/HER BLOOD SPECIMENS:

USE IN ACCESS OR OTHER RESEARCH ACTIVITIES (1) bldcnsnt
USE ONLY IN ACCESS STUDIES (2)
PARTICIPANT MUST BE CONTACTED BEFORE SPECIMEN IS USED IN ANY STUDY NOT CURRENTLY PART OF THE ACCESS STUDIES (3)

V. ADMINISTRATIVE MATTERS

35. WHERE WAS INTERVIEW CONDUCTED? Clinical Center (1) int_loc
Home (2)
Workplace (3)
Other (4)
Specify: _____

36. INTERVIEWER:

A. SIGNATURE: _____

B. ACCESS STAFF NO.: _____ - _____

37. RESEARCH COORDINATOR:

A. SIGNATURE: _____

B. ACCESS STAFF NO.: _____ - _____

38. DATE FORM COMPLETED:

____ - ____ - ____
Month Day Year

39. When were the blood specimens obtained?

Before the interview (1) **whenbl**
After the interview (2)

FORM 10
Demographics and Medical History Questionnaire

<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
	REV	I (1)	Form revision
	NEWID	F (5.1)	Patient ID
2	F10_DY	I (4)	Days from enrollment to interview
2a	REF_DY	I (4)	Days from enrollment to reference date
2b1	REF1_DY	I (4)	Days from enrollment to reference start
2b2	REF2_DY	I (4)	Days from enrollment to reference end
5	MARISTAT	I (1)	Marital status 1=Presently married or Living in a marriage-like relationship 3=Widowed, Divorced or Separated 5=Never married
6	HOME_NBP	I (2)	Number living at home 6=6 or more
6a	HOMELESS	I (1)	Homeless 1=Yes
7	EDUCATN	I (1)	Schooling completed 1=1-12 3=High school graduate 4=College graduate 5=Post graduate
8*	HLT_INSR	I (1)	Health insurance plan 1=Private insurance company or Medicare 3=Medicaid or Other public plan 5=None/Don't know/No answer
8a	HLTPLAN1	I (1)	Pay less for certain MDs 1=Yes 2=No 3=Don't Know
8b	HLTPLAN2	I (1)	Pay less for certain clinics 1=Yes 2=No 3=Don't Know
8c	HLTPLAN3	I (1)	Limits choice of specialist 1=Yes 2=No 3=Don't Know
9*	HLTPLCE1	I (1)	Go to one particular place 1=Yes 2=No

* Refer to the form for skip pattern for this item.

FORM 10
Demographics and Medical History Questionnaire
(continued)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
9a	HLTTYPE1	I (1)	Type of place 1=Doctor's private office 2=Hospital emergency room or Hospital out-patient clinic 4=Non-hospital clinical center or Public health clinic 6 and 7 recoded to missing
9b	HLTPLCE2	I (1)	Place patient would go to X=Censored
9c	HLTTYPE2	I (1)	Type of place X=Censored
10	HLT_PHYS	I (1)	Regular doctor 1=General practitioner/internist/family doctor/other doctor 2=Specialist 3=Don't have a regular doctor or Don't know
11*	WNTSEDOC	I (1)	Wanted, but could not see MD 1=Yes 2=No
11a1	HLTCARE1	I (1)	Lack of money/insurance or Too far or expensive 1=Yes 2=No
11a2	HLTCARE2	I (1)	(see 11a1)
11a3	HLTCARE3	I (1)	Couldn't get appointment 1=Yes 2=No
11a4	HLTCARE4	I (1)	Some other reason 1=Yes 2=No
12*	COST_WRY	I (1)	Worry about cost 1=Yes 2=No
12a	HOW_MANY	I (2)	How many times? 1=1 or 2 3=3 or more
13*	MED_DIFF	I (1)	Difficulty with prescription 1=Yes 2=No
13a1	REAS_MD1	I (1)	Cost 1=Yes 2=No

* Refer to the form for skip pattern for this item.

FORM 10
Demographics and Medical History Questionnaire
(continued)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
13a2	REAS_MD2	I (1)	Not needed or helpful 1=Yes 2=No
13a3	REAS_MD3	I (1)	Couldn't get to store 1=Yes 2=No
13a4	REAS_MD4	I (1)	Other 1=Yes 2=No
14a	HLTPRB1	I (1)	Hx of asthma 1=Yes 2=No or Don't Know
14b	HP_AGE1	I (2)	Age at asthma
14c	HPSH1	I (1)	Still have asthma 1=Yes 2=No or Don't Know
15a	HLTPRB2	I (1)	Hx of chronic bronchitis 1=Yes 2=No or Don't Know
15b	HP_AGE2	I (2)	Age at chronic bronchitis
15c	HPSH2	I (1)	Still have chronic bronchitis 1=Yes 2=No or Don't Know
16a	HLTPRB3	I (1)	Hx of emphysema X=Censored
16b	HP_AGE3	I (2)	Age at emphysema X=Censored
16c	HPSH3	I (1)	Still have emphysema X=Censored
17a	HLTPRB4	I (1)	Hx of sinus trouble 1=Yes 2=No or Don't Know
17b	HP_AGE4	I (2)	Age at sinus trouble
17c	HPSH4	I (1)	Still have sinus trouble 1=Yes 2=No or Don't Know
18a	HLTPRB5	I (1)	Hx of allergies 1=Yes 2=No or Don't Know
18b	HP_AGE5	I (2)	Age at allergies
18c	HPSH5	I (1)	Still have allergies 1=Yes 2=No or Don't Know

FORM 10
Demographics and Medical History Questionnaire
(continued)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
19a	HLTPRB6	I (1)	Hx of heart disease 1=Yes 2=No or Don't Know
19b	HP_AGE6	I (2)	Age at heart disease
19c	HPSH6	I (1)	Still have heart disease X=Censored
20a	HLTPRB7	I (1)	Hx of high blood pressure 1=Yes 2=No or Don't Know
20b	HP_AGE7	I (2)	Age at high blood pressure
20c	HPSH7	I (1)	Still have high blood pressure 1=Yes 2=No or Don't Know
21a	HLTPRB8	I (1)	Hx of kidney disease 1=Yes 2=No or Don't Know
21b	HP_AGE8	I (2)	Age at kidney disease X=Censored
21c	HPSH8	I (1)	Still have kidney disease X=Censored
22a	HLTPRB9	I (1)	Hx of liver disease 1=Yes 2=No or Don't Know
22b	HP_AGE9	I (2)	Age at liver disease X=Censored
22c	HPSH9	I (1)	Still have liver disease X=Censored
23a	HLTPRB10	I (1)	Hx of arthritis 1=Yes 2=No or Don't Know
23b	HP_AGE10	I (2)	Age at arthritis
23c	HPSH10	I (1)	Still have arthritis 1=Yes 2=No or Don't Know
24a	HLTPRB11	I (1)	Hx of skin disease 1=Yes 2=No or Don't Know
24b	HP_AGE11	I (2)	Age at skin disease
24c	HPSH11	I (1)	Still have skin disease 1=Yes 2=No or Don't Know

FORM 10
Demographics and Medical History Questionnaire
(continued)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
25a	HLTPRB12	I (1)	Hx of cancer 1=Yes 2=No or Don't Know
25b	HP_AGE12	I (2)	Age at cancer X=Censored
25c	HPSH12	I (1)	Still have cancer X=Censored
26a	HLTPRB13	I (1)	Hx of lupus X=Censored
26b	HP_AGE13	I (2)	Age at lupus X=Censored
26c	HPSH13	I (1)	Still have lupus X=Censored
27a	HLTPRB14	I (1)	Hx of diabetes 1=Yes 2=No or Don't Know
27b	HP_AGE14	I (2)	Age at diabetes 1= <40 2= >=40
27c	HPSH14	I (1)	Still have diabetes X=Censored
28	OTHLTPRB	I (1)	Other health problems 1=Yes 2=No
29	PREGNANT	I (1)	Pregnant during ref period 1=Yes 2=No 3=Not Applicable
30	BLDRW_DY	I (4)	Days from enrollment to blood drawn
30	BLDRW_ND	I (1)	Blood not drawn X=Censored
31	BLDRWVOL	I (4)	Volume of blood drawn (cc)
33a	WHER_BSA	I (1)	Blood to DNA core lab X=Censored
33b	WHER_BSB	I (1)	Blood to RNA study X=Censored
33c	WHER_BSC	I (1)	Blood to L-forms lab X=Censored
34	BLDCNSNT	I (1)	Consent for blood use X=Censored

FORM 10
Demographics and Medical History Questionnaire
(continued)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
35	INT_LOC	I (1)	Interview conducted where 1=Clinical Center 2=Home or Workplace or Other
39	WHEN_BLD	I (1)	When blood specimen obtained 1=Before the interview 2=After the interview